



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of )  
SHIMIZU et al. ) Art Unit 2183  
Application Number: 09/944,409 ) Examiner Tonia L. Meonske  
Filed: September 4, 2001 )  
For: SIMD OPERATION SYSTEM CAPABLE OF )  
DESIGNATING PLURAL REGISTERS VIA ONE )  
REGISTER DESIGNATING FIELD (AS AMENDED) )  
Attorney Docket No.: NITT.0039 )

Honorable Assistant Commissioner  
for Patents  
Washington, D.C. 20231

**COVER LETTER**

Sir:

The fee for submission of claims is calculated as shown below:

| FOR   | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS ALREADY PAID | RATE         | CALCULATION |
|---|-----------------------------|-------------------------|---------------------|--------------|-------------|
| Total Claims  | 4                           | 8                       | (Over 20)           | x \$50       | 0           |
| Independent Claims  | 1                           | 3                       | (Over 3)            | x \$200      | 0           |
| MULTIPLE DEPENDENT CLAIM(S)   |                             |                         |                     | + \$360      | 0           |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). |                             |                         |                     | x ½          |             |
|   |                             |                         |                     | <b>TOTAL</b> | <b>0.00</b> |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Response to Office Action<br>(with Claim Amendments) | <input type="checkbox"/> Petition for Extension of Time ( month) |
| <input type="checkbox"/> Substitute Specification  | <input type="checkbox"/> Terminal Disclaimer                     |
| <input type="checkbox"/> Preliminary Amendment   | <input type="checkbox"/> Letter to Draftsperson                  |
| <input type="checkbox"/> Information Disclosure Statement                                | <input type="checkbox"/> Assignment                              |
|  | <input type="checkbox"/> Request for Continued Examination       |

- Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for . A duplicate copy of this paper is enclosed.
- A check in the amount of \$ \_\_\_\_\_ to cover the fee is enclosed.
- The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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**September 26, 2005**



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**RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.111**

Sir:

This is in response to the Office Action dated June 27, 2005, the period of response to which expires on September 27, 2005. Please amend the above identified application as follows: